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# SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### OMB N **Expires** Estima hours ;



### FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Prefix	Serial					
DATE	RECEIVED					
1						

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Name of Offering ( check if this is an amendment Goldman Sachs Global Relative Value II, LL		ests	
Filing Under (Check box(es) that apply):   Rule			ELY ULOE O
Type of Filing:   New Filing   Amendmen	nt	- i Ster	PECEIVEN
	A. BASIC IDENTIFICATION DATA	De Name	
1. Enter the information requested about the issuer		181	4 3 200r
Name of Issuer ( check if this is an amendment	and name has changed, and indicate change.)	NEE!	2000
Goldman Sachs Global Relative Value II, LL	c	000	182 TON
Address of Executive Offices (Num	ber and Street, City, State, Zip Code)	Telephone Number	(including Area Code)
c/o Goldman Sachs Hedge Fund Strategies L New Jersey 08540	LC, 701 Mount Lucas Road, Princeton,	(609) 497-5500	
Address of Principal Business Operations (if different from Executive Offices)  (Number of Principal Business Operations (Number of Principal Business (Number of Prin	amber and Street, City, State, Zip Code)	Telephone Number	(Including Area Code)
Brief Description of Business			7 Mars
To operate as a private investment fund.		· · · · · · · · · · · · · · · · · · ·	Tria 8 2005
Type of Business Organization			FINANSON
☐ corporation ☐ business trust ☐	l limited partnership, already formed	· <del>-</del>	ase specify). WANGAL
D business trust	limited partnership, to be formed	Limited Liabil	nty Company
	Month Year	_	_
Actual or Estimated Date of Incorporation or Organ	ization: $\begin{bmatrix} 0 & 3 \\ \end{bmatrix}$ $\begin{bmatrix} 0 & 3 \\ \end{bmatrix}$	☑ Actual	☐ Estimated
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service abbreviat State: CN for Canada; FN for other foreign juri		DE
GENERAL INSTRUCTIONS	<del></del>		

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

503807.24

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2.	Enter the information requested for the following:
	* Each promoter of the issuer, if the issuer has been organized within the past five years;
	* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
	* Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
Chec	* Each general and managing partner of partnership issuers.  ck Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner
	Name (Last name first, if individual) dman Sachs Hedge Fund Strategies LLC (the Issuer's Managing Member)
	ness or Residence Address (Number and Street, City, State, Zip Code)
701	Mount Lucas Road, Princeton, New Jersey 08540
Chec	ck Box(es) that Apply:
	Name (Last name first, if individual) k, Kent A.
Busi	iness or Residence Address (Number and Street, City, State, Zip Code)
c/o (	Goldman Sachs Hedge Fund Strategies LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540
Chec	ck Box(es) that Apply:
Full	Name (Last name first, if individual)
Law	rson, Hugh J.
Busi	iness or Residence Address (Number and Street, City, State, Zip Code)
c/o (	Goldman Sachs Hedge Fund Strategies LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540
Che	ck Box(es) that Apply:
Full	Name (Last name first, if individual)
	y, Tobin V
	iness or Residence Address (Number and Street, City, State, Zip Code)
	Goldman Sachs Hedge Fund Strategies LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540
	ck Box(es) that Apply:
	Name (Last name first, if individual)
	ker, George H.
	iness or Residence Address (Number and Street, City, State, Zip Code)
	Goldman Sachs Hedge Fund Strategies LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540
	ck Box(es) that Apply:
j	Name (Last name first, if individual)  1, Natalie M.
	iness or Residence Address (Number and Street, City, State, Zip Code)
	Goldman Sachs Hedge Fund Strategies LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540
	ck Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer*   Director   General and/or  *of the Issuer's Managing Member   Managing Partner
Full	Name (Last name first, if individual)
	ge, Karen M.
	iness or Residence Address (Number and Street, City, State, Zip Code)
	Goldman Sachs Hedge Fund Strategies LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540
	(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA

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2. Enter the information requested for the following:
* Each promoter of the issuer, if the issuer has been organized within the past five years;
* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
* Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
* Each general and managing partner of partnership issuers.
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director ☐ General and/or *of the Issuer's Managing Member Managing Partner
Full Name (Last name first, if individual)
Kioko, Janice A.
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Goldman Sachs Hedge Fund Strategies LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540
Check Box(es) that Apply:   Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or  Managing Partner
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Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or  Managing Partner
Full Name (Last name first, if individual)
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Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or  Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)

A. BASIC IDENTIFICATION DATA

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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

		<del> </del>		B. INI	FORMAT	ION ABO	UT OFFI	ERING	····	<del></del>		
						<u> </u>					Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Ø			
		*					•	inder ULOI	Ξ.			
2. What is the minimum investment that will be accepted from any individual?						\$1,000,000*						
*The Managing Member of the Issuer, in its sole discretion, may accept subscriptions in lesser amounts.  3. Does the offering permit joint ownership of a single unit?								Yes ☑	No □			
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any												
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such										th a state		
	es, list the n er or dealer,							d are associ	ated person	s of such		
	(Last name											
Coldman	Sachs & C	0										
	r Residence		Number and	Street, City	, State, Zip	Code)	<del></del>			<del></del>	<del></del>	
85 Broad	Street, Nev	y York, Nev	v York 100	04								
	ssociated B			<u>~</u>								
	Vhich Perso All States" o										57 A 11	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	E An	[ID]
(11L)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if ind	ividual)									
B	D ::1	A 11 - 6	T 1 1	St. Cit	Ct + 7	<u> </u>						
Business o	r Residence	e Address (r	number and	Street, City	, State, Zip	(Code)						
Name of A	ssociated E	roker or De	ealer									
	Vhich Perso											
	All States" o											States
(AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	(CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	(HI] [MS]	(ID] [MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if ind	ividual)									
Business of	or Residence	e Address (1	Number and	Street, City	y, State, Zip	Code)						
<del></del>			<del></del>		<del></del>	<del></del>						
Name of A	Associated E	stoker of De	ealer									
	Vhich Perso All States" of							<del></del>		<del></del>		All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box  and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		Aggregate Offering Price			Amount Already Sold
	Debt	\$	0		\$	00
	Equity (Shares)	_	0		\$ -	0
	☐ Common ☐ Preferred				_	
	Convertible Securities (including warrants)	\$	0		\$_	0
	Partnership Interests	\$	0	-	\$ *	0
	Other (Specify: Units of Limited Liability Company Interests)	\$	172,264,912	-	\$ *	172,264,912
	Total	_		-		172,264,912
	Answer also in Appendix, Column 3, if filing under ULOE.			•		·
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					
			Number Investors			Aggregate Dollar Amount of Purchases
	Accredited Investors	_	104	. :	\$_	172,264,912
	Non-accredited Investors	_	0	_	\$_	0
	Total (for filings under Rule 504 only)		N/A	. (	\$_	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.	_			_	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.					
	Type of offering		Type of Security			Dollar Amount Sold
	Rule 505		N/A	•	\$	N/A
	Regulation A	_	N/A	-	* - \$	N/A
	Rule 504	-	N/A	-	* - \$	N/A
	Total	-	N/A	- `	" – ¢	N/A
	1000	-	IVA	• `	۰ –	IVA
ti ti	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees				\$_	00
	Printing and Engraving Costs				\$_	0
	Legal Fees		Ø		\$_	121,750
	Accounting Fees				\$	0
	Engineering Fees			;	\$	0
	Sales Commissions (specify finders' fees separately)		赵		\$ *	516,795
	Other Expenses (identify)			,	- \$	0
	Total		团		- \$	638,545
			<del></del>		-	

				<del></del>			
C. OFFERING PRICE, N	IUMBER OF INVESTORS, EXP	ENS	ES A	ND USE OF P	ROCE	EDS	<u> </u>
<ul> <li>Enter the difference between the aggreg</li> <li>Question 1 and total expenses furnished difference is the "adjusted gross proceeds to</li> </ul>	in response to Part C - Question 4.a	. Thi	S		\$_		171,626,367
5. Indicate below the amount of the adjusted at to be used for each of the purposes shown, furnish an estimate and check the box to payments listed must equal the adjusted gro to Part C - Question 4.b. above.	If the amount for any purpose is not leave the left of the estimate. The total	knowr of th	ı, e				
				Payments to Officers, Directors, & Affiliates			Payments To Others
Salaries and Fees			\$_	0	. 🗆	\$_	0
Purchase of real estate			\$_	0		\$_	0
Purchase, rental or leasing and installation of	of machinery and equipment		\$_	0	. 🗆	\$	0
Construction or leasing of plant buildings ar	nd facilities		\$	0		\$_	0
Acquisition of other businesses (including this offering that may be used in exchan another issuer pursuant to a merger)	ge for the assets or securities of		\$	0		\$	0
Repayment of indebtedness			\$	0		\$	0
Working capital			\$_	0		\$_	0
Other (specify): Investment Capital	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$_	0	Ø	\$_	171,626,367
Column Totals			\$_	0	Ø	\$_	171,626,367
Total Payments Listed (column totals added				<b>Ø</b> \$	171,0	526,30	67
	D. FEDERAL SIGNATU	RE					
The issuer has duly caused this notice to be following signature constitutes an undertaking of its staff, the information furnished by the iss	by the issuer to furnish to the U.S. So	ecuriti	es an	d Exchange Comm	nission,	upon	
Issuer (Print or Type)	Signature			Date			
Goldman Sachs Global Relative Value II, LLC	Lamy	Se		May <u>10</u> , 2005			
Name of Signer (Print or Type)	Title of Signer (Print or Type)						
Karen M. Judge	Vice President of the Issuer's Mana	ging l	Meml	oer			

# ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).